

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>S</i>		<i>6-26-00</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>SP</i>		<i>6/31</i>
<b>FORMALITY REVIEW</b>	<i>SP</i>		<i>7/6</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date	
Final	Original	
1	✓	<i>4/1/02</i>
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
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Claim	Date	
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If more than 150 claims or 10 actions  
staple additional sheet here

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